**Application or Docket Number** 

| Effective December 8, 2004  |  |   |  |                                   |              |                                       |               |   | 65-1101                |       |                     |                        |
|---|--|---|--|-----------------------------------|--------------|---------------------------------------|---------------|---|------------------------|-------|---------------------|------------------------|
|   |  | CLAIMS  | AS FILED   |                                   | ı            | (Column 2)                            | SMALL<br>TYPE |   |                        | OR    | OTHER               |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                   |              | ·                                     |               | RATE                                    | FEE                    | 1     | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL EN   | T. = \$ 150                       | LAR          | GE ENT. = \$ 300                      |               | BASIC FEE                               |                        | OR    | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT  |                                   |              | other situations =<br>\$ 100 / \$ 200 |               | EXAM. FEE                               |                        | 1     | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |              | other situations =<br>\$ 250 / \$ 500 |               | SEARCH FEE                              |                        | 1     | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |                                   |              | / 50 =                                |               | X \$ 125 =                              |                        | 1     | X \$ 250 =          | <u> </u>               |
| TOTAL CHARGEABLE CLAIMS   |  |   | 22 minus 20 =  |                                   | . 2          |                                       |               | X \$ 25 =                               |                        | OR    | X \$ 50 =           | 10)                    |
| INDEPENDENT CLAIMS  |  |   | 21   | minus 3 =                         | *            |                                       |               | X \$ 100 =                              |                        | OR    | X \$ 200 =          | 1,00                   |
| MUL   | TIPLE DEPEN                                    | NDENT CLAIM PR  | ESENT  |                                   |              |                                       |               | + \$ 180 =                              |                        | OR    | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |                                   |              | •                                     | TOTAL         |   | OR                     | TOTAL | 1000                |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |                                   |              |                                       | _             | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                     |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT                                     |  | NUMI<br>PREVIO<br>PAID            | BER<br>OUSLY | PRESENT<br>EXTRA                      |               | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |              | =                                     |               | X \$ 25 ≅                               |                        | OR    | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus  | ***                               |              | =                                     |               | X \$ 100 =                              |                        | OR    | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                       |               | + \$ 180 =                              | -                      | OR    | + \$ 360 =          |                        |
|   |  |   |  |                                   |              | ,                                     | _1            | OTAL ADDIT.<br>FEE                      |                        | OR    | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)  |  | (Colum                            | ın 2)        | (Column 3)                            |               |   |                        |       |                     |                        |
| 꿃   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                      |               | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |              | =                                     | Γ             | X \$ 25 =                               |                        | OR    | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus  | ***                               |              | =                                     |               | X \$ 100 =                              |                        | OR    | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                       | - 1           | + \$ 180 =                              |                        | OR    | + \$ 360 =          | .                      |
|   |  |   |  |                                   |              |                                       | T             | FEE                                     |                        | OR    | TOTAL ADDIT.<br>FEE |                        |
| ** 1  | f the "Highest Nu                              | mn 1 is less than the<br>mber Previously Pak<br>mber Previously Pak | For" IN THIS SP  | ACE is less                       | than '20     | ', enter "20".                        |               |   |                        |       |                     | ·                      |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.